



ESTATE PLANNING QUESTIONNAIRE - Married/Partners-

Please complete to the best of your abilities. If you have questions, please note them and we will discuss them at your initial appointment.

PERSONAL INFORMATION

	Spouse/Partner 1	Spouse/Partner 2
Full Legal Name		
Name Preference		
Birthdate		
Home Address		
City/State/Zip Code		
Residence County		
Home Phone		
Work Phone		
Cell/Mobile Phone		
Email		
Date of Marriage		
Location of Marriage		

EMPLOYMENT INFORMATION

	Spouse/Partner 1	Spouse/Partner 2
Employer		
Title		
Work Address Street		
City/State/Zip Code		

CITIZENSHIP

U.S. Citizen		
Other (please fill)		

EXISTING DOCUMENTS

If there are previous documents, please bring to your appointment.

	Date	Location (Place of execution)
Will		
Trust		
Pre/Post Marital Agreement		

PREVIOUS MARRIAGES

Spouse 1	1)	2)
How Ended/When/Length		
Living/Deceased		
Spouse 2	1)	2)
How Ended/When/Length		
Living/Deceased		

FAMILY INFORMATION

Children

Child Name & Birthdate	
Address	
Phone Number	
Parents	
Their children and ages	
Disabled? Public Benefits?	

Child Name & Birthdate	
Address	
Phone Number	
Parents	
Their children and ages	
Disabled? Public Benefits?	

Child Name & Birthdate	
Address	
Phone Number	
Parents	
Their children and ages	
Disabled? Public Benefits?	

Child Name & Birthdate

Address

Phone Number

Parents

Their children and ages

Disabled? Public Benefits?

Child Name & Birthdate

Address

Phone Number

Parents

Their children and ages

Disabled? Public Benefits?

Note: Additional children or individuals may be identified in the space at the end of this form.
Be sure to include their legal name, preferred name, address, and phone number.

Close FAMILY MEMBERS OR FRIENDS that *you may name in any estate planning.***Name**

Approx Age or Birthdate

Phone Number

Relationship to

Children and ages

Disabled? Public Benefits?

Name

Approx Age or Birthdate

Phone Number

Relationship to

Children and ages

Disabled? Public Benefits?

Name

Approx Age or Birthdate

Phone Number

Relationship to

Children and ages

Disabled? Public Benefits?

OTHER INFORMATION:

Safe Deposit box: ☐ Yes ☐ No Bank: _____

Veteran: ☐ Yes ☐ No Period of Service: _____

Serial No.: _____

Discharge type: _____

Disability Rating: _____

Financial Advisor: _____ Agency/Institution: _____

Contact information: _____

Long Term Care ☐ Yes ☐ No Insurer: _____

Insurance: Policy No.: _____

Physician/Primary Office: _____

Care provider: _____ Treatment/Provider Network (UW, etc): _____

REAL ESTATE

Location/County	Owned (sole/joint)	Mortgage Balance	Approx Value	Monthly pymnt
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BANKING INFORMATION – FOR PURPOSE OF ESTATE TAXES

Bank / Credit Union	Owned (sole/joint)	Account Type	Approx Value	Beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INCOME

Source:	_____
Amount per month:	_____
WHO receives (name):	_____
Source:	_____
Amount per month:	_____
WHO receives (name):	_____
Source:	_____
Amount per month:	_____
WHO receives (name):	_____
Source:	_____
Amount per month:	_____
WHO receives (name):	_____
Source:	_____
Amount per month:	_____
WHO receives (name):	_____

TANGIBLE COLLECTIBLE PROPERTY (ART, JEWELRY, GUNS, ANTIQUES, COLLECTIBLES)

Item	Value	Insured?	Insurer (Company)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BUSINESS INTERESTS (C Corps, S Corps, Partnerships, LLCs): Please bring operating agreement(s) or similar documents to your appointment

Name	Type	Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____

STOCKS & BONDS

Company/Entity	Owner	# of Shares & Value	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please fill out to the best of your ability.

RETIREMENT ACCOUNTS OF SPOUSE/PARTNER 1 (401K, 403B, IRA, ETC).

Type	Value/Death Benefit	Beneficiary/Beneficiaries and %

RETIREMENT ACCOUNTS OF SPOUSE/PARTNER 2 (401K, 403B, IRA, ETC).

Type	Value/Death Benefit	Beneficiary/Beneficiaries and %

NON QUALIFIED ACCOUNTS, NON-RETIREMENT ACCOUNTS, ANNUITIES, ETC.

Company	How	Value	Beneficiary

LIFE INSURANCE FOR SPOUSE/PARTNER 1

Company	Beneficiary	Policy #	Whole/ Term	Face Amt	Cash Value

LIFE INSURANCE FOR SPOUSE/PARTNER 2

Company	Beneficiary	Policy #	Whole/ Term	Face Amt	Cash Value

DESIGNATIONS FOR ANY NEW ESTATE PLANNING DOCUMENTS

You may require new (updated) powers of attorney for your finances or health decisions. Please think about who you would like to make decisions for you, and one backup person.

	Spouse/Partner 1	Spouse/Partner 2
Current Financial Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____
If no, who would you name as that Agent ?	_____	_____
Street Address	_____	_____
City/State/Zip Code	_____	_____
Phone Number	_____	_____
Who would you name as Alternate Agent ?	_____	_____
Street Address	_____	_____
City/State/Zip Code	_____	_____
Phone Number	_____	_____
	_____	_____
	_____	_____
	_____	_____
Current Health Care Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____
If no, who would you name as that Agent ?	_____	_____
Street Address	_____	_____
City/State/Zip Code	_____	_____
Phone Number	_____	_____
Who would you name as Alternate Agent ?	_____	_____
Street Address	_____	_____
City/State/Zip Code	_____	_____
Phone Number	_____	_____

Who would you like to designate as **PERSONAL REPRESENTATIVE** of your estate?

A personal representative is the person who is authorized to administer your will. This role is commonly referred to as the estate executor.

	Spouse/Partner 1	Spouse/Partner 2
Name of Personal Representative		
Street Address		
City/State/Zip Code		
Phone Number		
Name of Alternate Personal Representative		
Street Address		
City/State/Zip Code		
Phone Number		

IF you create and fund a trust, who would you like to designate as **TRUSTEE**?

If you and/or your partner are not able to serve as trustee, this person would serve as Trustee.

	Spouse/Partner 1	Spouse/Partner 2
Name of Trustee		
Street Address		
City/State/Zip Code		
Phone Number		
Name of Alternate Trustee		
Street Address		
City/State/Zip Code		
Phone Number		

For any **minor** children, who would you like to name as **GUARDIAN**?

	Spouse/Partner 1	Spouse/Partner 2
Name of Guardian		
Street Address		
City/State/Zip Code		
Phone Number		
Name of Alternate Guardian		
Street Address		
City/State/Zip Code		
Phone Number		

OTHER NOTABLE ASSETS: Including notes receivable, tax shelter partnerships, etc.

[illegible]

OUTSTANDING LIABILITIES: (NOT NOTED ELSEWHERE IN THIS FORM)

To Whom Payable	Amount Owed	Security

ADDITIONAL QUESTIONS

1. Do you expect to inherit any property? _____

If yes, from whom: _____ When? _____

Estimated value: \$_____ Will the property be in trust?_____

2. Do you foresee any radical fluctuation in your total net worth in the next 5 years? _____

If yes, please explain: _____

Additional Notes:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.